Foster Family Home - Corrective Action Report

Provider ID:

1-634362

Home Name:

Angelita Sardena, CNA

Review ID:

1-634362-6

94-580 Kupuna Loop

Reviewer:

Lori O'Keefe

Waipahu

HI 96797

Begin Date:

8/10/2018

End Date:

8/10/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

Recertification visit made today. Home is in full compliance with requirements. No corrective action report issued during visit. Home is eligible for 2 year 3 client certification.

Compliance Manager

Primary Care Giver

Date

8/10/18

Date

8/11/2018 0:39 AM

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